

EXAMPLE LIST

Assessment Specifications

An example list of specific assessment questions relative to the 7 domains might include the following:

I. Demographic Information

- a. Client name, and other identifying information (social security number, driver's license number, date of birth)
- b. Date of assessment
- c. Have you been in a controlled environment in the last 30 days? What kind? How many days?
- d. Why were you referred here?

II. Current/Past Drug/Alcohol Use

- a. How many times in your life have you been treated for alcohol/drug abuse?
- b. How many times in the past 30 days have you used alcohol, heroin, methadone, cocaine, amphetamines, inhalants, etc.?
- c. What is the route of administration you used?
- d. What age were you when you first used alcohol or other drugs?
- e. Have you ever experienced blackouts due to alcohol or other drug use?
- f. How long have you continuously used alcohol or other drugs?
- g. What quantity of alcohol or other drugs do you use in a week?
- h. How important to you now is treatment for these AOD problems?
- i. What was your BAC at time of arrest?

III. Legal History/Status

- a. How many times in your life have you been arrested/convicted?
- b. How many times in your life have you been charged with driving while intoxicated, major driving violations, disorderly conduct, etc.?
- c. How many days in the past 30 were you detained or incarcerated?
- d. How many months were you incarcerated in your life?
- e. Have you ever been arrested or convicted of a violent offense?

IV. Medical Status

- a. How many times in your life have you been hospitalized for medical problems?
- b. Do you have any chronic medical problems that continue to interfere with your life?
- c. Are you taking any prescribed medication on a regular basis for a physical problem?
- d. Have you ever had delirium tremens?
- e. Do you have diabetes?

- f. Do you have high blood pressure?
- g. What medications do you use; and what medications have you used in the past?
- h. When was your last physical examination?

V. Psychiatric Status

- a. How many times have you been treated for any psychological or emotional problems?
- b. Do you receive a pension for a psychiatric disability?
- c. How many days in the past 30 have you experienced problems with depression, anxiety, suicide, etc.?
- d. Have you visited an emergency psychiatric facility in the last thirty days? How many times?

VI. Employment/Lifestyle

- a. What level of education have you completed?
- b. What vocational training or skills do you have?
- c. Are you employed and where? Doing what?
- d. What is the longest period you have held a job?
- e. Are you eligible or approved for Medi-Cal?
- f. Are you a CalWORKs recipient?
- g. Are you receiving support from another source?

VII. Family/Social

- a. What is your marital status?
- b. What is your present living arrangement?
- c. Do you have children? Do they live with you?
- d. Do you live with anyone who has a current alcohol/drug problem?
- e. Have you experienced serious problems getting along with family/ friends/neighbors/co-workers?
- f. What are your hobbies or interests?